

BOROUGH OF WHITEHAVEN



ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
1957
AND REPORT OF THE
CHIEF PUBLIC HEALTH
INSPECTOR

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**BOROUGH OF WHITEHAVEN
HEALTH AND HOUSING COMMITTEE,**

1957-58.

Chairman Councillor J. Walsh.

Vice-Chairman Alderman W. Stephenson.

THE MAYOR (Councillor Thompson Reed).

Members: Aldermen J. Blamire and W. E. Knipe.

Councillors F. Baxter, W. J. Denvir,
G. Hanlon and G. Q. McCartney.

HEALTH DEPARTMENT STAFF

Medical Officer of Health:

J. N. Dobson, M.B., Ch.B., D.P.H.

Chief Public Health Inspector:

A. A. Beldon, C.R.S.I.

Additional Health Inspectors:

J. Taylor, C.R.S.I.

(Resigned 6/1/57).

P. Eldon, C.R.S.I.

(Appointed 4/3/57).

Clerk: Miss I. Davidson.

Clerk-Typist: Miss G. Banks.

*Health Department,
53, Duke Street,
Whitehaven.*

Mr. Mayor, Councillor Mrs. Colley and Gentlemen,

Apart from the epidemic of influenza which beset Whitehaven in the year under review, reference to this report will show improvement over the preceding year in almost every particular. There were more births, and fewer stillbirths and infant deaths; a lower death rate, and a reduction in deaths from cancer. There was little infectious disease with the exception mentioned, and a further decline in tuberculosis. Vaccination and immunisation rates rose, after a period in the doldrums. A substantial volume of work is recorded in the report of the Chief Public Health Inspector despite continued staffing difficulties, the rehousing of one hundred and six families from unfit dwellings being a particularly welcome feature.

In the previous annual report it was suggested that housing, tuberculosis and air pollution were the major problems affecting the Borough and this is probably still true. There is little headway with housing for general needs, and the want of a home of one's own has a stultifying effect on mental and physical health which needs no emphasis from me. Meantime, however, slum clearance proceeds steadily, and the commencing redevelopment of the town centre with the erection of the George Street flats is a heartening sight.

The belief is common in Whitehaven that air pollution is synonymous with sulphuric acid and detergent manufacture. Though this source of pollution has yet to be overcome, progress has been made. Technical modifications, following consultations between Solway Chemicals Ltd., the Alkali Inspectorate and this authority, were brought into use at the end of the year with measurable reduction in the amount of acid mist emission. Inspections and observations of the conditions on site and in the surrounding area continue to be made by the Ministry's inspector and the staff of this department. This surveillance extends also to Marchon Products, and I wish here to acknowledge the willingness of the directors and staff of both firms to assist in every possible way. That co-operation is indispensable if any lasting improvement is to be achieved, for whatever method is adopted by any firm to dispose of its wastes depends for its continued success on careful supervision and continued vigilance by both management and men.

Overall, however, it must be acknowledged that industrial emissions of all kinds constitute the lesser fraction of air pollution in the Borough. Mr. Beldon in his report has outlined the difficulties of implementing the Clean Air Act; it is my duty to refer to the importance of overcoming them. Bronchitis causes twenty times as many deaths in this country as in Scandinavia; for every two deaths it causes in rural areas it produces three in urban areas. These differences are due to dirty air. Bronchitis is not often the direct cause of death but time and again figures in deaths from respiratory and heart disease, which together cause one half of all mortality in England and Wales to-day.

The dire effects of the lack of drainage a century ago were not overcome till sewerage became general and methods of making sewage harmless were devised. Though atmospheric discharges cannot yet be made innocuous the means of control now exist through the Clean Air Act. Whitehaven is not a "black area" but no more does it live literally up to its name. When we look up occasionally we should remind ourselves that our chimneys are the old-fashioned sewers of the air, and potentially just as dangerous.

It is my pleasure again to conclude with an acknowledgment of the willing and efficient service of the staff of the Health Department.

I am, Mr. Mayor, Mrs. Colley and Gentlemen,

Your obedient Servant,

J. N. DOBSON,

Medical Officer of Health.

Section A. STATISTICAL SUMMARY.

General Statistics:

Area of Borough in acres	...	...	...	...	4,315
Registrar-General's estimate of resident population (mid-year, 1957)	...	...	...	...	25,960
Persons per acre	...	...	...	...	6.01
Number of inhabited houses (end of 1957) accord- ing to Rate Books	...	...	...	...	7,460
Rateable Value	...	...	...	...	£220,598
Product of a Penny Rate	...	...	...	...	£830

VITAL STATISTICS

Births:

(a) Live Births		Males	Females	Total
Legitimate	... ..	285	262	547
Illegitimate	... ..	6	10	16
		<hr/>	<hr/>	<hr/>
Total	... ..	291	272	563
		<hr/>	<hr/>	<hr/>

Crude Birth Rate per 1,000 of population ... 21.7

Adjusted Birth Rate 20.8

(b) Still births		Males	Females	Total
Legitimate	... ..	9	9	18
Illegitimate	... ..	—	2	2
		<hr/>	<hr/>	<hr/>
Total	... ..	9	11	20
		<hr/>	<hr/>	<hr/>

Still Birth Rate (per 1,000 total births) ... 34.3

Deaths:

		Males	Females	Total
Deaths (all ages)	... ..	158	137	295
Crude Death Rate per 1,000 of population	...			11.4
Adjusted Death Rate per 1,000 of population				13.5
Deaths from Pregnancy, Childbirth and Abortion	... ..	...	...	Nil

Death Rate of Infants Under 1 Year of Age:

All Infants per 1,000 live births	...	...	27.5
Legitimate Infants per 1,000 legitimate live births	... ..	...	27.5
Illegitimate Infants per 1,000 illegitimate live births	... ..	...	Nil

The following table is given for comparison of certain vital statistics.

TABLE 1.

				Birth Rate	Death Rate	Infant Mortality Rate
Whitehaven Borough	...	...	...	21.7	11.2	27.5
Cumberland (Administrative County)	...	...	...	17.9	12.1	26.4
England and Wales	...	...	...	16.1	11.5	23.0

Briefly, the 1957 figures show that Whitehaven had a higher birth rate than the County of Cumberland while the infant death rate was very similar and the general death rate somewhat less.

Table 2 shows corrected birth rates, that for Whitehaven remaining as usual considerably higher than that of England and Wales. England, indeed, has flagged behind since 1890 and shows no signs of catching up yet.

TABLE 2.

Year	Number of Births		Birth Rate per 1,000 of population:	
			Whitehaven	England & Wales
1953	...	528	21.1	15.5
1954	...	513	20.3	15.2
1955	...	511	20.2	15.0
1956	...	534	19.9	15.6
1957	...	563	20.8	16.1

Table 3 shows death rates over the past five years.

TABLE 3.

Year	Number of Deaths		Death Rate per 1,000 of population:	
			Whitehaven	England & Wales
1953	...	303	13.7	11.4
1954	...	249	11.4	11.3
1955	...	307	13.9	11.7
1956	...	314	14.0	11.7
1957	...	295	13.4	11.5

While the general death rate for England and Wales is now steady, that for Whitehaven shows some fluctuation. The increase since 1954, when it paralleled the national rate, has been examined and has been found to be due to a miscellany of causes. In 1957 48% of all deaths in England and Wales took place at 65 years or more. Of Whitehaven deaths 62% occurred over 65, 37% over 75, but increased longevity did not lead to more deaths from heart diseases and vascular lesions of the nervous system as might have been expected.

Accidental deaths, numbering 19, were the highest for ten years and included four deaths due to motor accidents. No group predominated and fatalities in the home, on the roads, in industry and in leisure activities point the need for the exercise of greater care and emphasise the importance of the Road and Home Safety Committees. Whitehaven formed the first Home Safety Committee in Cumberland in 1957.

Of the five influenza deaths only two occurred during the A/Asian epidemic.

No maternal deaths occurred and infant mortality was satisfactorily low bearing in mind the high birth rate and greater parity of Whitehaven mothers. Infant mortality rates are given in Table 4 and causes of death in Table 5.

TABLE 4.

Year	Number of Infant Deaths		Death rate per 1,000 live births:	
			Whitehaven	England & Wales
1953	...	16	30	27
1954	...	10	20	26
1955	...	15	29	25
1956	...	20	37	24
1957	...	15	28	23

TABLE 5.
Deaths of Infants Under 1 Year of Age.

Cause of Death	Age in Weeks				Age in Months				Totals
	0-	1-	2-	3-	1-	3-	6-	9-	
Prematurity ...	3	—	—	—	—	—	—	—	3
Congenital defects ...	2	1	—	1	—	—	—	—	4
Bronchopneumonia ...	1	1	—	—	—	—	—	—	2
Intracranial haemorrhage ...	—	—	—	—	—	1	—	—	1
Haemorrhagic disease of the newborn ...	1	—	—	—	—	—	—	—	1
Umbilical haemorrhage ...	1	—	—	—	—	—	—	—	1
Pneumococcal meningitis ...	—	—	—	—	—	1	—	—	1
Atelectasis ...	2	—	—	—	—	—	—	—	2
Total deaths ...	Under 1 month 13				Over 1 month 2				15

Cancer Mortality.

There were 39 deaths from cancer, the primary sites of the disease being shown in Table 6, while in Table 7 are given death rates for the Borough and England and Wales.

TABLE 6.

Location of Disease				Male	Female	Total
Brain	...	...	...	—	3	3
Tongue	...	...	...	1	—	1
Stomach	...	...	...	4	5	9
Colon	...	...	...	2	3	5
Caecum	...	...	...	—	1	1
Rectum	...	...	...	—	1	1
Lung and Bronchus	...	...	...	4	—	4
Breast	...	...	...	—	4	4
Uterus	...	...	...	—	2	2
Ovary	...	...	...	—	2	2
Bladder	...	...	...	1	—	1
Prostate	...	...	...	3	—	3
Other sites	...	...	...	1	2	3
				16	23	39

Cancer deaths in Whitehaven continue to be below those of England and Wales, as Table 7 shows. Deaths from cancer of the lung and bronchus were rather alarming at ten last year and the current reduction to four is noted with satisfaction.

TABLE 7

Year	Number of Deaths		Annual Death Rate per 1,000 of population:	
			Whitehaven	England & Wales
1953	...	44	1.76	1.99
1954	...	34	1.35	2.04
1955	...	49	1.94	2.06
1956	...	49	1.90	2.07
1957	...	39	1.50	2.09

TABLE 8

CAUSES OF DEATH DURING THE YEAR 1957

Registrar-General's Classification

	Males	Females
Tuberculosis of Respiratory System ...	2	—
Other Tuberculous Diseases ...	1	—
Syphilitic Disease ...	—	—
Diphtheria ...	—	—
Whooping Cough ...	—	—
Meningococcal infections ...	—	—
Acute Poliomyelitis ...	—	—
Measles ...	—	—
Other Infective and Parasitic Diseases ...	—	—
Malignant Neoplasm, Stomach ...	4	5
Malignant Neoplasm, Lung and Bronchus	4	—
Malignant Neoplasm, Breast ...	—	4
Malignant Neoplasm, Uterus ...	—	2
Other Malignant & Lymphatic Neoplasms	8	12
Leukaemia, Aleukaemia ...	—	—
Diabetes ...	1	1
Vascular Lesions of Nervous System ...	26	33
Coronary Disease, Angina ...	26	13
Hypertension with Heart Disease ...	5	7
Other Heart Disease ...	19	11
Other Circulatory Disease ...	3	6
Influenza ...	2	3
Pneumonia ...	3	4
Bronchitis ...	4	2
Other Diseases of Respiratory System ...	2	—
Ulcer of Stomach and Duodenum ...	4	—
Gastritis, Enteritis and Diarrhoea ...	—	1
Nephritis and Nephrosis ...	1	—
Hyperplasia of Prostate ...	—	—
Pregnancy, Childbirth, Abortion ...	—	—
Congenital Malformations ...	4	2
Other Defined and Ill-defined Diseases ...	24	26
Motor Vehicle Accidents ...	4	—
All other Accidents ...	11	4
Suicide ...	—	1
Homicide and Operations of War ...	—	—
Total (all Causes) ...	158	137

295

Section B

GENERAL PROVISION OF HEALTH SERVICES

(a) Staff.

Changes in staff are shown on page 1 of this report.

(b) Laboratory Facilities.

Full use is made of the bacteriological facilities at Whitehaven Hospital under the direction of Dr. A. C. F. Ogilvie, and of the Public Health Laboratory Service at the Cumberland Infirmary directed by Dr. D. G. Davies. Analytical services are provided by Mr. C. J. H. Stock, of the County Analyst's Offices, Darlington.

(c) Local Health Authority Services.

Medical services provided under Part III of the National Health Service Act are the responsibility of the Cumberland County Council. Information about the provision of Home Nursing, Home Helps, Immunisation and other services is available at the office of the Senior Assistant County Medical Officer, 102, Scotch Street, Whitehaven.

Clinics are held as follows:—

		Location:		
Type of Clinic		Sandhills Lane	Mirehouse	Woodhouse
School Clinic	...	Wed. 10-11 a.m.	Wed. 2-3 p.m.	Wed. 9-10 a.m.
Child Welfare	...	Tues. 2-4 p.m.	Wed. 2-4 p.m.	Wed. 2-4 p.m.
Ante-Natal	...	Fri. 2-4 p.m.	Thurs. 2-4 p.m.	Mon. 2-4 p.m.
Dental	...	Daily 9-30 a.m.	—	—

Special clinics (Ophthalmic, Ear, Nose and Throat, Orthopaedic) are held at Sandhills Lane Clinic by appointment. Appointments are also made for Speech Therapy at Sandhills Lane and Mirehouse Clinics, Child Guidance at 10, Scotch Street, Whitehaven, and Orthoptic treatment at Park Lane Clinic, Workington.

The Occupation Centre, Flatt Walks, has 40 places for mentally backward children.

(d) Hospital Services

Facilities provided by the Regional Hospital Board include Whitehaven Hospital, Flatt Walks: 121 beds. General hospital services. General practitioners have X-ray facilities directly available.

Homewood Annexe has 41 beds for tuberculosis and diseases of the chest.

The Hollins, Hensingham: 31 beds. Pre-convalescent and chronic sick, with a small number of ante-natal beds.

Galemire, Cleator Moor: Infectious diseases hospital with 24 beds, 12 of them for tuberculosis.

The Chest Clinic serving the area is in St. Bridget's Lane, Egremont.

Part III hospital accommodation is available in Meadow View House, Whitehaven (31 beds) by joint user agreement with Cumberland County Council.

(e) National Assistance Acts

Several old people were visited during the year as a result of reports of inadequate care and attention, but in no case was it necessary to arrange for removal to hospital or an institution. The willing and helpful assistance of the County Council's Assistant Superintendent Nursing Officer in resolving the problems encountered has been of constant value.

(f) Problem Families

The responsible authority for preventing the neglect or ill-treatment of children in their own homes is the County Council and the designated officer for this work is the Children's Officer. It is her task to secure the co-operation of all the services concerned with the welfare of children and to hold meetings of representatives of these services at which cases can be discussed and remedial measures instituted.

From 1957 onwards the two large county committees have been discontinued and replaced by smaller committees based on sanitary districts, meeting formally twice a year under the chairmanship of the district medical officer of health. While more onerous in practice for those County officers who attend at all the meetings there is a distinct advantage in having local cases considered on the spot, with perhaps rather less formality. Representatives may be invited appropriate to the case list, for example the N.S.P.C.C. Inspector, Mental Health Officer, Probation Officer, Housing Officer and so on, while the Health Visitors and N.S.P.C.C. Woman Visitor are the indispensable members who do the major part of the remedial work of home supervision.

Most children neglected or ill-treated at home fall within the easily recognised, difficult to define and often impossible to cure, category of problem families. It is sometimes difficult not to be disheartened when faced with combinations of mental inadequacy and instability, indifference, improvidence, squalor, and contentment with conditions which lead inexorably to the bringing up of neglected children as future problem parents. Nevertheless, some families have been rehabilitated and others prevented from falling into worse difficulties. The present approach has accomplished more than is possible by social workers practising in isolation and much good work has been done as a result of the degree of co-operation achieved.

Section C

SANITARY CIRCUMSTANCES OF THE AREA.

A report by the Chief Public Health Inspector on the work of the year has been submitted and will be found at the end of this report.

Section D

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES

Notifications, other than those of tuberculosis, are shown in Table 9.

TABLE 9

Disease					No. of cases notified	Admitted to Hospital	Died
Scarlet Fever	...	...	...	...	2	—	—
Whooping Cough	...	...	...	...	41	5	—
Measles	...	...	...	...	65	1	—
Acute Encephalitis	...	...	...	...	1	1	—
Dysentery	...	...	...	...	2	—	—
Ophthalmia Neonatorum	...	...	...	...	1	—	—
Puerperal Pyrexia	...	...	...	...	1	1	—
Acute Pneumonia	...	...	...	...	41	—	—
Erysipelas	...	...	...	...	1	—	—

It will be seen that there was very little notifiable infectious disease and it is pleasing to record no deaths from this cause apart from those due to tuberculosis.

The case of acute encephalitis, the cause of which was not found, occurred in a girl of one year and three months who is to-day well and has suffered no ill effect.

Almost all the notifications of acute pneumonia stem from the epidemic of A/Asian influenza and none of these patients died. Of the five influenza deaths during the year only two occurred during the epidemic and in these the terminal event was broncho-pneumonia in a woman of 74 and a man of 66. It is presumed, but not known, that these were due to the Asian infection. Generally, however, people over 60 did not suffer heavily and it was a mild condition with a low death rate. The number of deaths in England and Wales was similar to those occurring in the influenza epidemic of 1953 and were less than half of those in the 1951 epidemic.

The onset in Whitehaven was in the second week of September and the outbreak lasted fully a month, the identity of the virus being established serologically. Much useful information was supplied by head teachers and industrial concerns and special acknowledgment is due to local medical practitioners who found time to report conditions in their practices during this exceptionally harrassing period.

Schools were involved a little in advance of the general public and of forty-eight for which figures were available only one had escaped completely a month after the outbreak began. Absences of 25% of pupils or more were common and reached 48% in one instance. Spread at place of work was less rapid and generally involved smaller proportions of people at risk. Nevertheless, certificated absences of 10% were common, actual absences being half as high again. Much overtime working was required to avoid cuts in essential services as for example at Whitehaven Hospital (19% of nurses off sick) and by omnibus company employees who on one day had 30% of their personnel absent. Undoubtedly the greatest burden fell on the doctors, among whom daily visiting lists of sixty to seventy patients were common.

The County Council offered immunisation to certain groups of doctors, nurses and others specially exposed to infection, but did not receive the necessary vaccine till the epidemic was well under way. Very few were benefited in consequence and, like many, the medical officer of health was offered protection after the attack instead of before.

TUBERCULOSIS

Notifications in 1957 were received as follows:—

TABLE 10.

	Respiratory	Non-Respiratory	Total
Male ...	21	1	22
Female ...	7	3	10
	—	—	—
Total ...	28	4	32
	—	—	—

The incidence of respiratory cases in main age divisions is shown in Table 11.

TABLE 11.

Age in years	0-	-15-	35-	55-	Total
Male ...	1	5	10	5	21
Female ...	1	3	3	—	7
	—	—	—	—	—
Total ...	2	8	13	5	28

Total notifications were more than halved compared with the previous year when they numbered 69. New respiratory cases in men fell from 42 to 21 and in women from 22 to 7. The number of cases in the age groups 35-55 was almost unaltered for men and women alike, but there were fewer cases under 15 years and a sharp fall in the over 55 group cases in men.

The overall death rate from tuberculosis in Whitehaven was the same as that of England and Wales as the following table shows, while the respiratory death rate was somewhat less.

TABLE 12.

Deaths from Tuberculosis (Rates per 1,000).

Year	Respiratory Tuberculosis Whitehaven			...	All forms of Tuberculosis Whitehaven		
	No. of Deaths	Death Rate	England & Wales Death Rate		No. of Deaths	Death Rate	England & Wales Death Rate
1953	6	0.24	0.18	...	6	0.24	0.20
1954	4	0.16	0.16	...	4	0.16	0.18
1955	2	.08	0.13	...	2	.08	0.15
1956	2	.078	0.11	...	2	.078	0.12
1957	2	.077	0.095	...	3	0.11	0.11

These figures show progress, but Whitehaven is a long way from being finished with tuberculosis. The new case rate (respiratory) in England and Wales in 1957 was 64 per 100,000, while Cumberland had the highest rate of the English counties with 85. Whitehaven's rate was 108, but high as this is it is vastly better than the previous year's level of 159. It should be noted, too, that there were 9 county boroughs with new case rates over 100 per 100,000. A short comparison is set out in Table 13.

TABLE 13.

	Whitehaven (Pop'n 25,960)		...	England & Wales (Pop'n 44,907,000)	
	New Cases	Case Rate per 100,000		New Cases	Case Rate per 100,000
Respiratory	28	108	...	28,870	64
Non-Respiratory ...	4	15	...	3,799	85

Mass X-Ray

It was said in last year's report that with a case-finding rate of some 3 per 1,000 persons examined there were no signs of the Mass X-ray Unit outliving its usefulness in West Cumberland. In 1957, however, the examination of 2,900 persons in Whitehaven discovered only 2 new active cases, about 7% of the new cases notified. Hitherto the percentage of cases so discovered has always exceeded that for England and Wales which reached its maximum in 1954, with a figure of 23.6%. For the six years of mass radiography work in Whitehaven recorded in Table 14 the overall discovery rate by X-ray is 32%, but it is clear that this level will not be maintained for the future.

TABLE 14.

Year	1952	1953	1954	1955	1956	1957	Total
Number X-rayed ...	3,513	3,352	3,396	3,961	3,974	2,900	20,896
New active cases discovered by X-ray	11	13	10	18	10	2	64
Notifications during year ...	23	44	28	37	41	28	201

Undoubtedly the most fruitful groups for examination now are people referred by their family doctors and household and family contacts of known cases of tuberculosis. The latter often prefer the anonymity of the Mass Radiography Unit to attendance at a Chest Clinic. Unfortunately Whitehaven is not big enough to justify a static Mass Radiography Unit and frequent visits by the Mobile Unit are impracticable. The unremitting work of the Chest Physicians in recent years has almost certainly brought Whitehaven to the point where a local Mass X-ray campaign would be unprofitable.

It is both impracticable and undesirable for family doctors to send every patient with chest symptoms to hospital or a Chest Clinic for X-ray. The more frequent referral of men in middle and later life, particularly in the case of surgery shadows who have been (quite correctly) tagged "bronchitis" for years, could well pay dividends. It is not wholly a matter of case-finding, but also of educating the public to accept chest X-ray as a common procedure. It is odd that patients are commonly reluctant to be X-rayed, while at the same time feeling they haven't been properly examined if the stethoscope hasn't been applied to their chests. Yet, of the two examinations, the X-ray is often the more informative.

VACCINATION AND IMMUNISATION

B.C.G. Vaccination.

The number of children of school-leaving age protected against tuberculosis by means of B.C.G. vaccination is practically unaltered from last year. Seventy-five per cent. is a fairly satisfactory proportion of children participating, but it will be some years before the B.C.G. vaccination programme can result in the adolescent and young adult population groups attaining a substantial degree of "herd" immunity. The work done in Whitehaven so far is shown in Table 15.

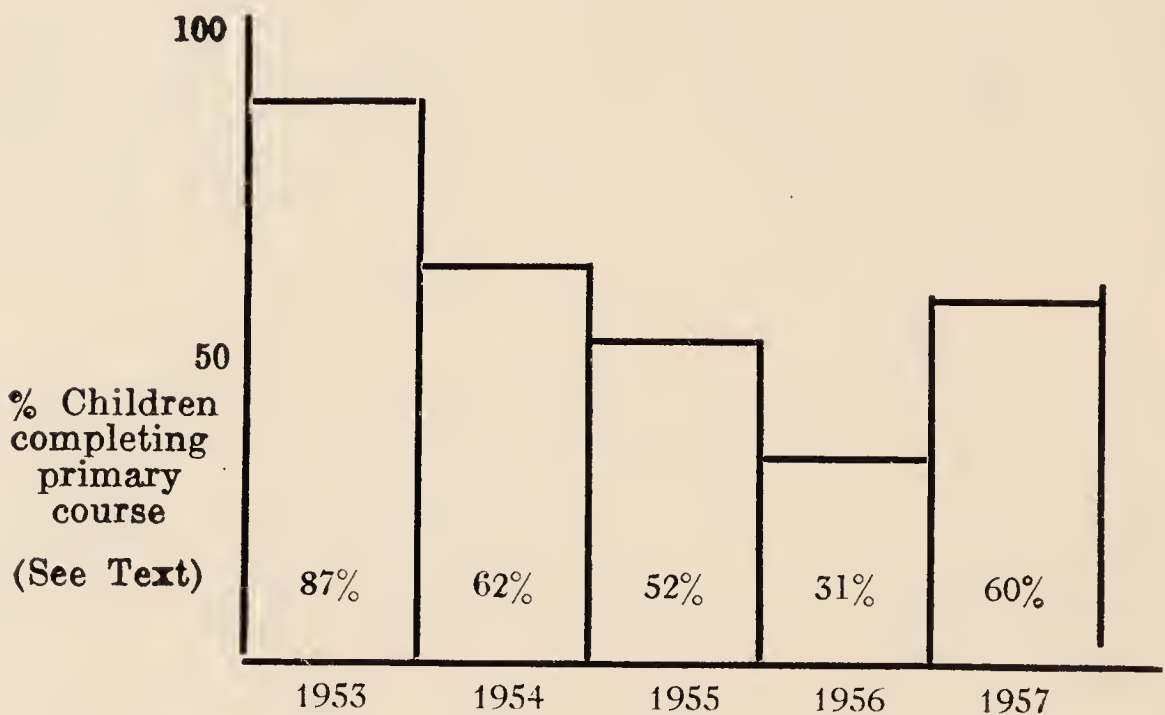
TABLE 15.

Year	No. of children eligible for test	No. & %age of parents consenting	No. tested	No. & %age Mantoux positive	No. Mantoux negative	No. given B.C.G.
1955 ...	454	371 (82%)	362	124 (34%)	238	231
1956 ...	434	324 (75%)	315	149 (47%)	166	160
1957 ...	446	332 (75%)	325	111 (34%)	214	212

Diphtheria Immunisation.

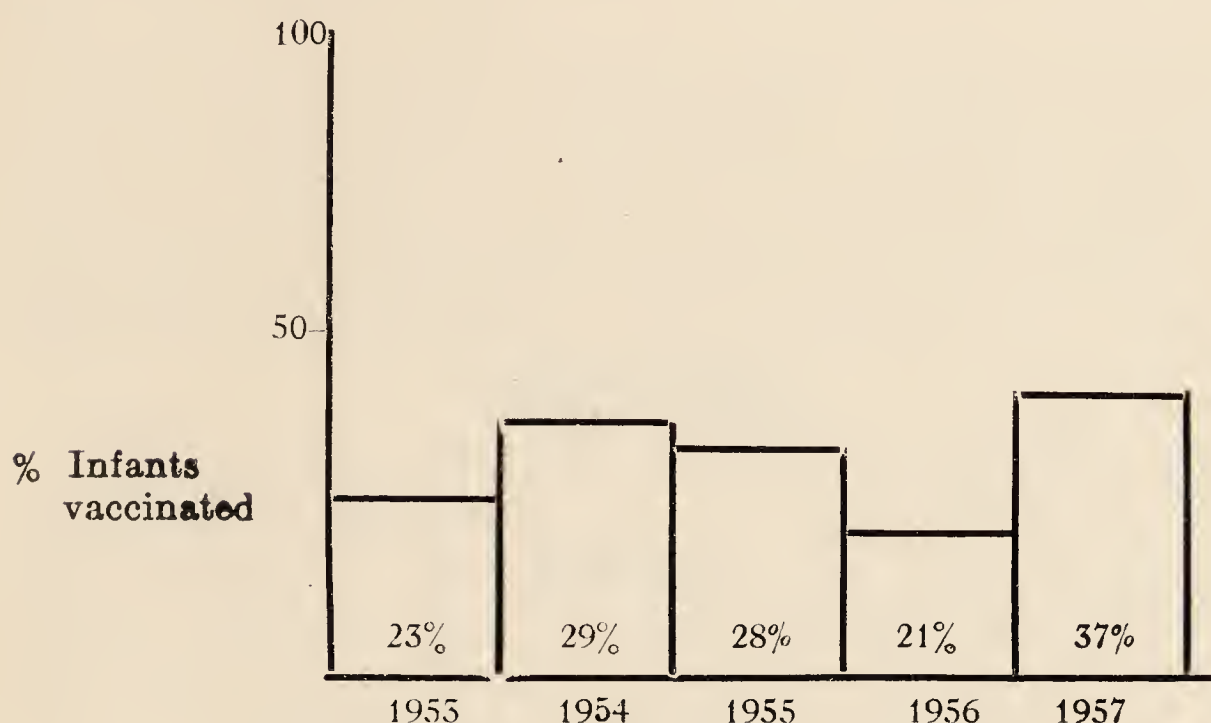
The decline in cases of diphtheria continues and 1957 saw only 37 cases resulting in 4 deaths in England and Wales. But even so few deaths need not, and should not, occur.

As the figure shows, the numbers of children protected against diphtheria in the Borough increased in the year under review. It illustrates the number of children under five years of age who completed a primary course of immunisation during the year, as a percentage of the births in the previous year. The results approximate to the "diphtheria immunisation index" which for the country as a whole is some 53% only. The decline in the numbers immunised in Whitehaven, though exaggerated in 1956 due to suspension of injections during the poliomyelitis epidemic, was disturbing and the recovery in 1957 is a welcome improvement.



Smallpox Vaccination

The numbers of children vaccinated in the past five years are shown in the following histogram. This gives the number of children under 1 year of age who were vaccinated as a percentage of the same year's births. Smallpox vaccination is most commonly performed at 3 months and while, as in the case of diphtheria immunisations, the representation cannot be wholly accurate, the aim is to give an indication of the acceptance rate.



There was a very useful increase in the numbers of infants being vaccinated against smallpox. This cannot definitely be ascribed to the introduction of vaccination at the local health authority clinics though this should have a pronounced effect eventually. In fact, the acceptance rate for vaccination increased throughout the country, but the overall figure of 43% is not satisfactory.

Of the four cases of smallpox occurring in England and Wales in 1957, only the two vaccinated recovered. No further comment is necessary.

Poliomyelitis Vaccination

In the age groups eligible for immunisation, children born from 1947-54, there were 3,251 registrations. Vaccine supplies during the year were sporadic and progress in giving protection fell below what was hoped for. Of the children registered, 188 (5.8%) completed a course of immunisation.

REPORT
of the
CHIEF PUBLIC HEALTH
INSPECTOR

Public Health Department,
53, Duke Street,
WHITEHAVEN.

To the Medical Officer of Health,
Whitehaven.

Sir,

I wish to submit my seventh Annual Report for the year ended 31st December, 1957.

The report is set out in a manner similar to that of last year and each subject is dealt with separately. Housing matters continue to be the most important issue and while progress continues to be made I would like to stress that the closing down of unfit dwellinghouses is perhaps more than ever becoming related to re-development problems many of which can only be solved by direct action of the Corporation.

While private development has of course taken place and is encouraged, the process is slow. In a town where so many unfit and substandard dwellings are indiscriminately mixed with business and industrial premises some pretty problems emerge. Regard must be given to the primary need to abolish unfit dwellings even if the immediate result is a ragged and untidy site in the town centre.

The staffing position, while better than last year has not been satisfactory and some branches of the work have had to suffer in consequence.

Section A.

HOUSING.

Building. One hundred and eighteen permanent dwellings were completed by the Corporation during the year and forty were under construction by the end of the year.

Displacements. One hundred and six families were displaced from unfit dwellings during the year and all were rehoused by the Local Authority.

Procedure. Sixty-one occupied dwellings were dealt with by Clearance Area Procedure under Housing Act, 1936 (S.25). These dwellings were contained in 6 Clearance Areas, two of which resulted in Clearance Orders and four in Compulsory Purchase Orders all of which were confirmed by the Minister.

Twenty-two unfit dwellings were dealt with under Housing Act 1936 S.11 and a further six were dealt with informally.

Thus a total of 89 occupied dwellinghouses was dealt with during the year.

It will be noted that this year the displacements exceeded the number of houses closed. Part of this discrepancy is due to more than one family occupying an unfit house in some instances, and the intention of striking a reasonable balance between closures and displacements over a given number of years.

Repairs. No repairs were enforced under Section 9 of the Act during the year, although certain owner-occupied dwellings were voluntarily made fit. Attention was given to urgent repairs as occasions arose. Three dwellinghouses were made fit after offers of works had been accepted and carried out.

Improvements. No grants under Housing Act 1949 were made during the year.

Re-Development. Demolition of old closed houses continued in the George Street Areas and the year is noteworthy for the completion and occupation of two blocks of flats—the first real re-development of any part of the old town for housing purposes.

Overcrowding. Five cases of overcrowding under the Housing Act 1936 standard were noted during the year but no accurate figure could be given without a survey. It is certain that the number of overcrowding cases is very small.

Rent Act, 1957. This important Act came into force in July, but only 3 applications for Certificates of Disrepair were received by the end of December.

Record of Inspections

Accumulations	20
Atmospheric Pollution	16
Bakehouses	17
Caravans	75
Drainage Work	4
Drains tested	0
Drains repaired	27
Disinfestations	15
Factories	79
Fish Friers	11
Food Shops	135
Food Preparers	55
Housing Acts	272
Ice Cream Premises	27
Infectious Disease Inquiries	101
Infectious Disease Fumigations	14
Interviews with Owners/Occupiers	533
Licensed Premises	22
Marine Stores	9
Milk Shops and Dairies	59
Outworkers	0
Overcrowding	7
Pet Animal Act	7
Public Health Acts	138
Rag Flock Act	3
Rent Act. 1957.	4
Rodent Control	135
Repairs Revisits	68
Restaurants	13
Slaughterhouses	739
Swimming Baths	5
Verminous premises	2
Vessels in Harbour	81
Water Samples	24
Miscellaneous	234
<hr/>	
Total	2951
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Repairs and Improvements

Accumulations removed	7
Chimney Stack/Flues repaired	4
Drains cleared	30
Drains repaired or renewed	21
Dustbins provided	8
Eavesgutters repaired	17
External Walls repaired	10
Floors Repaired	8
Flushing Cisterns repaired	10
Gullies repaired/renewed	6
Houses Disinfested	18
Houses fumigated	16
Rain Water Pipes renewed	14
Roofs repaired	12
Sinks provided	6
W.C. Pans fixed	6
Wall and Ceiling plaster renewed	12
Windows repaired/renewed	8
<hr/>	
Total	213
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Section B.

FOOD

I. Food premises in the district are 229.

II (a) Premises registered under Food and Drugs Act, 1955.

Ice Cream premises 67

Potted, pickled and preserved foods (meat products, fish cakes, etc.) 19

Fried fish shops 16

II(b). Dairies and Milk Supply.

There were at the end of the year 16 distributors of milk in the Borough and 10 premises were in use as dairies. One person sold milk from a shop.

Two distributors sold a small quantity of ungraded milk but with these exceptions the entire supply is Tuberculin Tested or Pasteurised. Sterilized milk is sold by one vendor.

Distributors were co-operative and anxious to maintain a hygienic and satisfactory service. No trouble was experienced and no prosecutions necessary.

Regarding delivery methods, the use of the now traditional glass bottle for milk distribution is far from being a satisfactory method. The amount of wasted effort in the collection, cleansing and sterilizing of glass bottles is very great. The weight of glass transported and handled is in my opinion not only a waste of effort but bad economics. Breakages and losses are high and bottle necks frequently chip resulting in glass splinters in the milk. I have attempted to encourage the use of expendable containers but so far no distributor has been bold enough to change to this hygienic system of delivering milk. One factor in this reticence is the present cost of containers; the price being such that by being a fraction of a penny high, no financial saving on bottles alone can be shown. I am convinced that an overall financial saving could be shown and from the hygienic viewpoint look forward to the time when distribution by bottles will be abolished.

Sampling was carried out during the year to check cleanliness and results were as follows:—

Tuberculin Tested: 10 Satisfactory, 7 Unsatisfactory.

Pasteurised: 4 Satisfactory.

Ungraded: 1 Satisfactory.

III. It was not possible to inspect every food establishment during the year, but as many as possible were inspected as opportunity arose and visits made for other purposes. It can

be said that on the whole, food establishments are much better hygienically than in former years and an encouraging feature is the awareness of food shop personnel towards this subject.

Two hundred and eighty visits were paid to food premises excluding slaughterhouses during the year.

IV. Educational Activity.

It was not possible to organize any public displays or give any lectures on food hygiene during the year. Every opportunity was taken during routine visits to food premises to stress the hygienic aspects of the trade. While much remains to be done in this field the awareness of food traders to this problem is very heartening.

V. Disposal of Condemned Foodstuffs.

No problems arose in this matter and condemned foodstuffs were disposed of in the same manner as in previous years. All meat and slaughterhouse products were collected by a reputable firm for processing for industrial uses and all foodstuffs from shops and stores destroyed by burying.

VI. Special examination of large stocks of food was not necessary.

VII. Ice Cream (Heat Treatment) Regulations, 1947-52.

Sixty-seven premises are registered for the sale and storage of ice cream and fifty-nine of these sell pre-packed ice cream only of well-known makes. There are 8 premises registered for the manufacture of ice cream; 4 use a hot mix method and 4 a cold mix.

These premises are inspected from time to time and close supervision is maintained. It has been noted that manufacturers are very co-operative and anxious to maintain a Grade I product. Very few new applications were received during the year and it would appear that for the time being the public demand can be satisfied with the existing registrations.

Numerous vans operate in the district during the summer months and, although these are not registrable, the Regulations are enforced and the standard on the whole is good.

Sampling from manufacturers give the following results:—

Grade I	...	12	...	Satisfactory.
Grade II	...	2	...	ditto.
Grade III	...	1	...	Unsatisfactory.
Grade IV	...	Nil		

VIII. Food Hygiene Regulations, 1955.

Owing to staffing difficulties a complete inspection was not possible for all food premises. Important trades handling open food and registrable products were dealt with and the Regulations enforced where practicable. Improvements were carried out to several foodshops, but much remains to be done. The scope envisaged by the Regulations is very comprehensive and it is obviously a subject to which much time will have to be given. Every opportunity was taken to remind food traders of the import of the Regulations.

Slaughterhouses and Meat Inspection.

There are two licensed slaughterhouses in the district. The Pottery Road Slaughterhouse, now operated by a private company, continues to perform the functions of a communal slaughterhouse for the benefit of any local butcher who wishes to use it. In addition, slaughtering is carried out by the company as wholesalers of dressed carcasses, the bulk of such meat being exported from the town. Local butchers who prefer to do so may thus buy their entire supplies "off the hook".

The remaining licensed slaughterhouse is used by the owner only.

Both premises were satisfactorily kept and no trouble was encountered. Small improvements were carried out during the year, mostly in respect of lairage for animals awaiting slaughter.

All animals and offals were inspected before release, this duty occupying one inspector full time. Sunday slaughtering is still carried out to meet an export meat trade, but it is hoped that this practice will eventually cease.

A very pleasing fact to report is the rarity of finding tubercular lesions in the slaughtered animals. The real and visible proof of the success of the campaign to eradicate this scourge from the bovine is well illustrated in the slaughterhouse itself.

The following table shows the number of animals slaughtered and condemnations during the year:—

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	2,954	3,056	489	17,024	5,250
Number inspected	2,954	3,056	489	17,024	5,250
All Diseases Except Tuberculosis					
Whole carcasses condemned	2	10	27	13	—
Carcasses of which some part or organ was condemned	1,162	—	364	69	
Percentage of the number inspected affected with disease other than Tuberculosis	20.08	5.51	2.15	1.3	
Tuberculosis only					
Whole carcasses condemned	3	3	—	—	2
Carcasses of which some part or organ was condemned	36	—	—	22	
Percentage of the number inspected affected with Tuberculosis .....	.64	—	—	.42	
Total Weight of Meat Condemned, 16 tons, 10 cwts., 7 lbs.					

Other Articles of Food Surrendered.

Tinned Meats	1,283 lbs.
Tinned Fruits	287 „
Tinned Vegetables	214 „
Tinned Milk	26 „
Tinned Fish	49 „
Bacon	267 „
Beef	18 „
Cheese	116 „
Chicken	24 „
Fish Cakes	16 „
Ham	199 „
Herrings	112 „
Pickled Beef	157 „
Pork	35 „
Rice	4 „
Sausages	158 „
Soup	22 „
Total	2,987 „

WATER

The entire supply for the district is taken from Ennerdale Lake, the daily amount of treated water being approximately 3,871,000 gallons. Sampling is carried out regularly for bacterial and chemical analysis (see Appendix).

Section C. MISCELLANEOUS.

I. Factories Act, 1938.

Inspections of factories were made during the year and the following tables are inserted for information:—

FACTORIES AND WORKSHOPS.

I. Inspection of Factories, Workshops and Workplaces.

Premises	No. on Register	Inspections	Number of Written Notices	Prosecutions
(1) Factories without mechanical power	16	52	—	—
(2) Factories with mechanical power	94	69	3	—
(3) Other premises	3	2	—	—
Total	113	123	3	—

II. Defects found in Factories, Workshops and Workplaces.

Particulars	Found	Number of cases in which Defects were found			
		Remedied	Referred to H.M. Inspector	by H.M. Inspector	Prosecutions
Want of Cleanliness ...	7	7	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature ...	—	—	—	—	—
Inadequate Ventilation	—	—	—	—	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary Conveniences:					
(a) Insufficient ...	—	—	—	—	—
(b) Unsuitable or defective ...	3	3	—	3	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences	—	—	—	—	—
Total	10	10	—	3	—

II. Rag Flock Act.

There are two premises licensed for the processing of curled hair. The premises are satisfactory and a high standard of hygiene is maintained.

III. Pet Animals Act.

Three shops hold annual licences for the sale of pets under this Act. The trade in pets is very small indeed. Conditions were satisfactory in each case.

IV. Offensive Trades.

There are three premises registered for this purpose, viz.: one rag and bone dealer, one tripe and gut preparer, and one fat melter. Conditions were found to be satisfactory and no nuisance arose.

V. Rodent Control.

The control of rats and mice falls within the Pests Act administered by this department. While responsibility rests on the occupier to rid his premises of these pests, it was found that advice and assistance were necessary. Inspection of premises and complaints produced 128 cases of infestation by rats/mice. All were minor infestations and treatment was given. Land and the sewers of the town are treated regularly as a routine measure.

VI. Smoke Abatement and Atmospheric Pollution.

The main change to be reported on this important subject was the sharpening of the interest of the public and all fuel users by the publicity produced by the passing of the Clean Air Act, 1956.

While the greater part of this Act is not yet operative, it is perhaps the greatest step forward in the attack on atmospheric pollution that has yet been made and there is no doubt that, however difficult the Act may be to administer, much good will come of it.

The opportunity was taken while the subject was fresh to contact all users of fuel for industrial purposes and explain the impending implications of the Act. Many visits were made and a great deal of time spent on this subject. It was found that, without exception, all operators were concerned and most anxious to co-operate in running their plants satisfactorily. The difficulties in achieving this end are many, due to lack of suitable equipment, obsolete plant and bad methods, all of which will take time to remedy. However, by the end of the year an improvement was observed in the discharge of smoke from industrial stacks.

Regarding domestic smoke, little further progress can be reported. This type of pollution cannot be satisfactorily dealt with so long as new houses continue to be erected with traditional coal burning grates and so long as raw coal is available for burning on any domestic grate. Suitable smokeless fuels are either too expensive or not available.

Apart from smoke, the only other source of atmospheric pollution is the discharge of fumes from a chemical plant in the Borough. This large undertaking is expanding continually and new problems arise year by year. The situation of this industry near to and on the weather side of a large housing estate is unfortunate. Constant vigilance is necessary to control emissions to tolerable limits. Negotiations have taken place periodically with the Acid Inspectorate and the firm concerned and many visits made to the plant. It is certain, however, that nuisances from this source will have to be tackled for some considerable time.

VII. Collection and Disposal of Refuse.

This service is undertaken by the Surveyor's Department of the Corporation, all household and trade refuse being disposed of by tipping in a large disused quarry on the outskirts of the district.

VIII. Disinfection and Verminous Premises.

Sixteen rooms were fumigated after infectious disease during the year.

Cases of infestation by bed bug were again small; four known cases received treatment. Complaints of other household insect pests, viz.: cockroaches, ants, silverfish, fleas, spider beetles, flies and bluebottles, were dealt with. Advice and treatment were given to householders or materials issued without charge.

I am,

Yours faithfully,

Arthur A. Beldon,
Chief Public Health Inspector.

APPENDIX

WATER ANALYSIS

Date	Before or after Chlorination	Number of Colonies on Nutrient Agar after 72 hours		Presumptive B. Coli Test at 37° C. after 72 hours.	Clostridium Welchii Test at 44° C. in 40 ml. after 48 hours	Remarks
		at 27° C.	20/22° C.			
11/2/57	After	1 in 2 ml.	9 per ml.	Negative in 100 ml.	Negative	Of good and wholesome quality.
28/3/57	"	1 per ml.	1 per ml.	Negative in 100 ml.	Negative	Of good and wholesome quality.
13/6/57	"	3 in 2 ml.	9 per ml.	Positive in 20 ml.	Negative	Probable number of coliform organisms regarded as excessive. It is suggested that the amount of chlorine be increased.
22/6/57	"	1,051 per ml.	5,499 per ml.	Negative in 100 ml.	1 medium colony	The counts on Agar at both temperatures are excessive. It is suggested that the chlorine added should be increased
22/6/57	"	204 per ml.	7,020 per ml.	Negative in 100 ml.	Negative	The counts on Agar at both temperatures is unusually high, due, no doubt, to the atmospheric conditions prevailing. It is advised to increase the amount of chlorine added.
6/9/57	"	6 per ml.	1 per ml.	Positive in 1.0 ml.	Negative	The probable number of coliform organisms is a most unsatisfactory result. Investigation should be made to find at which point this defect is occurring and if necessary the dose of chlorine increased

Date	Before or after Chlorination	Number of Colonies on Nutrient Agar after 72 hours		Presumptive B. Coli Test at 37° C. after 72 hours. Positive in 90 ml. Negative in 80 ml.	Clostridium Welchii Test at 44° C. in 40 ml. after 48 hours None	Remarks
		at 27° C. 27 per ml.	20/22° C. 115 per ml.			
21/9/57	After	7 per ml.	167 per ml.	Positive in 50 ml.	None	The probable number of coliform organisms is too high in a supply which has been efficiently chlorinated, but if this defect is remedied no exception could be taken to the use of the supply for human consumption.
21/9/57	"	3 in 2 ml.	3 in 2 ml.	Positive in 100 ml. Negative in 90 ml.	None	The probable number of coliform organisms is too high in a supply which has been subjected to efficient chlorination—it would be advisable to increase the dose of chlorine in this case.
4/11/57	"	5 in 2 ml.	1 in 2 ml.	Negative in 100 ml.	Negative	Of good and wholesome quality.
9/12/57	"	0 per ml.	1 in 2 ml.	Negative in 100 ml.	Negative	Of good and wholesome quality.

County Analyst's Office,

Darlington.

I hereby certify that I have analysed the undermentioned sample of water marked: Sample of water from Ennerdale Lake taken direct before chlorination, which I received from Mr. A. A. Beldon, Chief Public Health Inspector, 53, Duke Street, Whitehaven, on the 13th day of December, 1957, and that I find as follows:—

			Parts per 100,000
Chlorine as Chlorides	...	...	0.9000
Nitrogen as Nitrates	...	...	0.0362
Ammonia	...	...	0.0035
Albuminoid Ammonia	...	...	0.0063
Oxygen Absorption	...	...	0.0544
Injurious Metals	...	...	None
Total solid Matter dried @ 100°C.	...	...	3.0000
pH value of Sample	...	...	6.3
			<hr/>
Temporary Hardness	None Degrees		
Permanent Hardness	1.25	„	
Colour of Sample on Hazen Scale	...		5
Appearance of Sample in 2 foot tube			Not clear
Odour when heated to 50°C.	...		None

Microscopical Examination.

Large deposit from $\frac{1}{2}$ gallon consisting of earthy matter, vegetable debris, fungus growths and many micro-organisms of various species.

Bacteriological Examination.

Number of colonies on Nutrient Agar	
@ 37°C. after 72 hours	... .. 11 per ml.
Number of colonies on Nutrient Agar	
@ 20/22°C. after 72 hours	... .. 400 per ml.
Presumptive B Coli Test at 37°C. after	
72 hours	... .. Positive in 2 ml.
Clostridium Welchii Test @ 45°C. in	
40 ml. after 48 hours	... .. Negative

Observations.

The chemical analysis of this sample affords no evidence of contamination by drainage associated with any undesirable source, and although the microscopical examination affords ample evidence of contamination by surface drainage, the bacteriological results are consistent with an upland supply which is not in any way contaminated by sewage drainage and the sample represents a water which is suitable for purification by appropriate treatment for human consumption.

Signed: Cyril J. H. Stock.

